

PATENT APPLICATION	
DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATION	ATTORNEY DOCKET NO.

As a below named inventor, I hereby declare that:

My mailing address, citizenship (and residence address if I live at a location different from my mailing address) are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR TERRITORY THERMAL MONITORING

the specification of which is attached hereto unless the following box is checked:

() was filed on July 16, 2002 as US Application Serial No. or PCT International Application Number PCT/IT02/000464 and was amended on September 16, 2004 (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

U.S. Priority Claim

I hereby claim the benefit under Title 35, United State Code, Sec. 120 of any United States application listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in any prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Sec. 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Sec. 1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Status (Patented, Pending, Abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
David G. Maire	<u>34,865</u>	Robert L. Wolter	<u>36,972</u>
Enrique J. Mora	<u>36,875</u>	Christine Q. McLeod	<u>36,213</u>
John L. DeAngelis, Jr.	<u>30,662</u>	William D. Sartor	<u>50,560</u>
David G. Maire	<u>34,865</u>	Norman A. Nixon	<u>33,573</u>
Timothy H. Van Dyke	<u>43,218</u>	Joseph Fischer	<u>51,210</u>

PATENT APPLICATION**DECLARATION AND POWER OF ATTORNEY
FOR U.S. PATENT APPLICATION****ATTORNEY DOCKET NO.****Correspondence:**

Please address all correspondence regarding this application to:

Name	Joseph Fischer				
Address	Beusse, Brownlee, Wolter, Mora & Maire, P. A.				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Inventor's Signature**JANUARY 26, 2005

Date

Full Name of Inventor (Printed): Umberto BERTI Citizenship: ITALIANPost Office Address: VIA APPIA PIGNATELLI, 415 – 00178 ROMA -ITALYResidence Address: ITX**Inventor's Signature** _____ Date _____

Full Name of Inventor (Printed): _____ Citizenship: _____

Post Office Address: _____

Residence Address: _____

Inventor's Signature _____ Date _____

Full Name of Inventor (Printed): _____ Citizenship: _____

Post Office Address: _____

Residence Address: _____

PATENT APPLICATION

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FOR U.S. PATENT APPLICATION**

ATTORNEY DOCKET NO.

Inventor's Signature

Date

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Date

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